



Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

PRIVATE SECURITY

EXAMPLE:

Yes ☒ No ☐

ONLINE OWNER / MANAGER APPLICATION SUPPLEMENT

APPLICANT INFORMATION

I submitted an Original Owner/Manager Application online and am providing this form for the supplemental information required with my application.

Yes ☐
No ☐

Applicant Social Security Number

- -

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Company
Name

Company
License No.

Online Trace Number

Online Transaction Date (MM/DD/YYYY)

/ /

Applicant
Last Name

First
Name

M.I.

Suffix
(If Any)

Note: If replacing a manager for a licensed company in the state of Texas, please refer to the link provided for additional instructions:
www.txdps.state.tx.us/psb/docs/InstrForReplacementMgr.pdf

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

Regarding submitting Fingerprints: (CHOOSE ONLY ONE)

- ☐ I am submitting two (2) classifiable, Board approved fingerprint cards along with the **\$25** FBI classification fee.
- ☐ I submitted fingerprints electronically and am attaching my signed IBT FAST receipt as proof with this application.
- ☐ I am a **Peace Officer** (or **Retired Peace Officer**) alternatively submitting a PSB-49 (Peace Officer Fingerprint Waiver) form with this application, instead of FBI fingerprint cards.

BACKGROUND INFORMATION

- Have you ever been convicted, in any jurisdiction, of a felony level offense? Yes ☐ No ☐ * If **yes**, has it been LESS than ten (10) years since completing your sentence or probationary period? Yes ☐ No ☐
- Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor? Yes ☐ No ☐ * If **yes**, has it been LESS than five (5) years since completing your sentence or probationary period? Yes ☐ No ☐
- Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense? Yes ☐ No ☐
- Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor? Yes ☐ No ☐
- Are you currently charged with a Class B misdemeanor? Yes ☐ No ☐
- Have you ever been found by a court to be incompetent by reason of **mental defect**? Yes ☐ No ☐
- Were you discharged from the military? Yes ☐ No ☐ * If **yes**, have you received a dishonorable discharge, a bad conduct discharge, or other than honorable discharge, from Armed Forces? Yes ☐ No ☐ * If **yes**, **submit** a copy of your **DD-214**
- Are you required to register as a **sex offender**, in the state of Texas or any other state? Yes ☐ No ☐
- Federal law prohibits the Bureau from issuing a license to anyone who is ineligible to work in the U.S. Are you a **non-citizen**? Yes ☐ No ☐ * If **yes**, you must submit documentation of your federal employment authorization or a copy of your permanent resident card.
- I understand that, any pending charges or conviction referred to above require the submission of the appropriate **court documentation**, with this application. **Failure to report** an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application. Yes ☐ No ☐
- I acknowledge that I **have reviewed** the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. In addition I acknowledge that I **have reviewed** the disqualifying offenses listed in Administrative Rules 35.42 and 35.46. Yes ☐ No ☐

TO BE FILLED IN BY QUALIFIED MANAGER, MANAGER'S DESIGNEE OR OWNER

EMPLOYER INFORMATION * TO BE FILLED IN BY QUALIFIED MANAGER OR OWNER

I hereby certify that the above applicant **began employment** in a position that requires this registration with my company on:

Applicant's Date of Employment (MM/DD/YYYY)

/ /

I am requesting that the above applicant be issued a registration **with my company** as my employee.

Manager, Manager's Designee or
Owner Printed Last Name

Printed
First Name

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature _____ Date ____ / ____ / ____

Manager, Manager's Designee or Owner Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety

PSB-04B (Rev. 12/2012)

FORM

Private Security MSC 0242
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Austin, TX 78761-5999